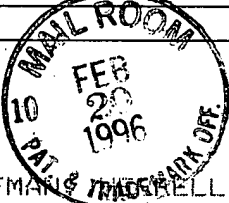


PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
 <p>18N1/1129 DANN, DORFMAN, HERRELL AND SKILLMAN 1601 MARKET STREET SUITE 720 PHILADELPHIA, PA 19103-2307</p> <p>PAPER TO BE ENTERED</p>	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/211,800	06/22/94	016	REES, D	1807 11/29/95
First Named Applicant: EKINS, ROGER E.				

TITLE OF INVENTION: BINDING ASSAY EMPLOYING LABELLED REAGENT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 6174	435-006.000	R50	UTILITY	NO	\$1250.00	02/29/96
040 WT 02/26/96 08211800		1 142			1,250.00 CK	
040 WT 02/26/96 08211800		1 561			30.00 CK	

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	DANN, DORFMAN, HERRELL 1. AND SKILLMAN 2. _____ 3. _____
---	---	---

DO NOT USE THIS SPACE	
040 WT 02/26/96 08211800	1 142 1,250.00 CK
040 WT 02/26/96 08211800	1 561 30.00 CK
02/26/96 WT 040 * 00216-00217*	1 142 1,250.00 CK
040 WT 02/26/96 08211800	1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: 02/26/96 WT 040 *

(2) ADDRESS: (CITY & STATE OR COUNTRY)

☒ This application is NOT assigned.

☐ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 04-1406
(ENCLOSE PART C)

☐ Issue Fee ☐ Advance Order - # of Copies

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Patrick J. Hagan (Date) 14 Feb. 1996

Patrick J. Hagan

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

used

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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